

Under the provisions of Section 413.031 of the Texas Worker's Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General, a dispute resolution review was conducted by the Medical Review Division regarding a fee reimbursement dispute between the requestor and the respondent named above.

A review by the Medical Review Division has determined the following:

1. The requestor submitted a request for reimbursement of a co-pay for prescription medication, Oxycontin, for DOS 9/19/03 in the amount of \$40.00. A receipt of payment was not submitted. A call was made to the claimant's home to verify what was in dispute, but the phone did not accept 'unidentified' calls. The state's phone numbers appear as 'unidentified.'
2. A call was made to the respondent for a status of this dispute. The respondent faxed a copy of the EOB for DOS 9/19/03, for Oxycontin from Tmesys, Inc. A copy of the payment made on 11/19/03, to the pharmacy payment center (representing Eckerd RX), in the amount of \$353.60 was also received from the respondent.
3. Due to not having sufficient information from the requestor, and payment supported by the respondent, it is the conclusion of the Medical Review Division that this case has been paid resolved and a dispute no longer exists.

The above Findings and Decision are hereby issued this 6th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CR/crl